

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Isaiah Mosley

Name

(2) 1038 11 Street #18

Address (number and street)

Miami Beach, FL, 33139

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Miami Beach City Commissioner, Group 4

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 17 / 15 To 10 / 29 / 15 Report Type: G3-2015

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . 00

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 0 . 00

In-Kind \$ _____, _____, 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . 00

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 0 . 00

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 2 , 377 . 45

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1 , 404 . 52

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Isaiah Mosley

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☒ Deputy Treasurer

Signature

(Type name) Isaiah Mosley

☒ Candidate ☐ Chairperson (only for PC and PTY)

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Isaiah Mosley **(2) I.D. Number** _____

(3) Cover Period 10 / 17 / 15 through 10 / 29 / 15 **(4) Page** 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Isaiah Mosley

(2) I.D. Number _____

(3) Cover Period 10 / 17 / 15 through 10 / 29 / 15

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /	N/A				0.00
/ /					
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